

**August 16, 2007**

# **Montana Medicaid Notice**

## **Physicians, Mid-Level Practitioners, and Pharmacies**

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### **Zanaflex® Capsule**

Effective immediately, Zanaflex® capsules will require prior authorization. Zanaflex® capsules come in the same variety of strengths as Zanaflex® tablets; however, generics are only available in the tablet form, which do not require prior authorization. Dispensing of the generic tablets will result in significant cost savings to the Department. Claims submitted for Zanaflex® capsules will deny with an edit message notifying the pharmacy to call for Prior Authorization. A prior authorization may be granted to dispense the capsule if a compelling clinical justification is provided.

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or FAX to:

**Drug Prior Authorization Unit  
Mountain Pacific Quality Health Foundation  
3404 Cooney Drive  
Helena, MT 59602  
(406) 443-6002 or (800) 395-7961 (Phone)  
(406) 443-7014 or (800) 294-1350 (Fax)**

To request prior authorization, providers must submit the information requested on the attached Request for Drug Prior Authorization Form to the Drug Prior Authorization Unit.

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

### **Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958  
Helena: (406) 442-1837**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**